

<i>SERFF Tracking Number:</i>	<i>AENX-126183955</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Aetna Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>42634</i>
<i>Company Tracking Number:</i>	<i>GH AR0193301F01</i>		
<i>TOI:</i>	<i>H17G Group Health - Prescription Drug</i>	<i>Sub-TOI:</i>	<i>H17G.000 Health - Prescription Drug</i>
<i>Product Name:</i>	<i>2009 Pharmacy</i>		
<i>Project Name/Number:</i>	<i>2009 Pharmacy/GH AR0193301F01</i>		

Filing at a Glance

Company: Aetna Life Insurance Company

Product Name: 2009 Pharmacy

TOI: H17G Group Health - Prescription Drug

Sub-TOI: H17G.000 Health - Prescription Drug

Filing Type: Form

SERFF Tr Num: AENX-126183955 State: ArkansasLH

SERFF Status: Closed

Co Tr Num: GH AR0193301F01

Co Status:

Author: SPI AetnaSPI

Date Submitted: 06/09/2009

State Tr Num: 42634

State Status: Approved-Closed

Reviewer(s): Rosalind Minor

Disposition Date: 06/16/2009

Disposition Status: Approved-Closed

Implementation Date Requested:

Implementation Date:

State Filing Description:

General Information

Project Name: 2009 Pharmacy

Project Number: GH AR0193301F01

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 06/16/2009

Status of Filing in Domicile:

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Group

Group Market Size: Small and Large

Group Market Type: Employer

Explanation for Other Group Market Type:

State Status Changed: 06/16/2009

Corresponding Filing Tracking Number:

Deemer Date:

Filing Description:

The purpose of this filing is to support the following options for our pharmacy products:

1. A retail pharmacy option that will not require refills at a mail order pharmacy. This option will allow prescription refills to continue to be filled at a retail pharmacy, but at a higher copay.
2. An optional benefit to allow coverage for oral, injectable and infusion specialty drugs through the specialty pharmacy network.

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3. Additional and expanded optional copay ranges for dollar and percentage copays.

Company and Contact

Filing Contact Information

John Ciesielski, Product and Regulatory Affairs CiesielskiJW@Aetna.com
Manager

151 Farmington Avenue (860) 279-1282 [Phone]
Hartford, CT 06156 (860) 952-2069[FAX]

Filing Company Information

Aetna Life Insurance Company	CoCode: 60054	State of Domicile: Connecticut
151 Farmington Avenue	Group Code: 1	Company Type:
Hartford, CT 06156	Group Name: Aetna	State ID Number:
(860) 273-7546 ext. [Phone]	FEIN Number: 06-6033492	

Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No
Fee Explanation:	
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Aetna Life Insurance Company	\$50.00	06/09/2009	28467805

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	06/16/2009	06/16/2009

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Disposition

Disposition Date: 06/16/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number:	AENX-126183955	State:	Arkansas
Filing Company:	Aetna Life Insurance Company	State Tracking Number:	42634
Company Tracking Number:	GH AR0193301F01		
TOI:	H17G Group Health - Prescription Drug	Sub-TOI:	H17G.000 Health - Prescription Drug
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Item Type	Item Name	Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Cover Letter	Approved-Closed	Yes
Supporting Document	EOV GR-9N 13-000 01, EOV GR-9N 13-005 04, EOV GR-9N 34-000 02, EOV GR-9N 34-095 03, EOV GR-9N S-26-000 02, EOV GR-9N 26-010 04	Approved-Closed	Yes
Form	Your Prescription Drug Plan	Approved-Closed	Yes
Form	Glossary Letter S	Approved-Closed	Yes
Form	Per Prescription Copay/Deductible	Approved-Closed	Yes

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Form Schedule

Lead Form Number: GR-9N 13-005 04

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed	GR-9N 13-005 04	Certificate Amendmen	Your Prescription Drug Plan	Initial		52	GR-9N 13-005 04.PDF
		t, Insert Page, Endorsement or Rider					
Approved-Closed	GR-9N 34-095 03	Certificate Amendmen	Glossary Letter S	Initial		0	GR-9N 34-095 03.PDF
		t, Insert Page, Endorsement or Rider					
Approved-Closed	GR-9N S-26-010 04	Schedule Pages	Per Prescription Copay/Deductible	Initial		0	GR-9N S-26-010 04.PDF

[What The Plan Covers]

[Your Prescription Drug Plan [Expense] Insurance [Coverage]]

Outpatient Prescription Drug Benefit

The plan covers charges for **medically necessary** outpatient **prescription drugs** for the treatment of an **illness** or **injury**, subject to the *Limitations* section of this coverage and the *Exclusions* section of the Booklet-Certificate. **Prescriptions** must be written by a **prescriber** licensed to prescribe federal legend **prescription drugs**.

[The plan covers only **generic prescription drugs**. **Brand-name prescription drugs** are not **covered expenses** unless no **generic prescription drug** is available to treat your **illness** or **injury** and a medical exception is obtained. Refer to the *Medical Exceptions* described under *Precertification* for information on how your **prescriber** can obtain a medical exception.]

[Your **prescription drug** benefit coverage is based on Aetna's **preferred drug list**. The **preferred drug list** includes both **brand-name prescription drugs** and **generic prescription drugs**. Your out-of-pocket expenses may be higher if your **physician** prescribes a covered **prescription drug** not appearing on the **preferred drug list**.]

[**Generic prescription drugs** may be substituted by your pharmacist for **brand-name prescription drugs**. You may minimize your out-of-pocket expenses by selecting a **generic prescription drug** when available.]

[Coverage of **prescription drugs** may, in Aetna's sole discretion, be subject to **precertification**, **step therapy** or other Aetna requirements or limitations.] **Prescription drugs** covered by this plan are subject to drug utilization review by Aetna and/or your **provider** and/or your **network pharmacy**.

[The plan does not cover charges for **prescription drugs** listed on the **formulary exclusions list**. Drugs on the **formulary exclusions list** are excluded from coverage unless a medical exception for coverage is obtained. If it is **medically necessary** for you to use a **prescription drug** on the **formulary exclusions list**, the **prescriber** who prescribed the drug must request coverage as a medical exception. Refer to the *Medical Exceptions* description under *Precertification* for information on how your **prescriber** can obtain a medical exception for your **prescription** if necessary.]

Coverage for **prescription drugs** and supplies is limited to the supply limits as described below.

Retail Pharmacy Benefits

Outpatient **prescription drugs** are covered when dispensed by a [network] retail **pharmacy**. Each **prescription** is limited to a maximum [30 - 100] day supply when filled at a [network] retail **pharmacy**. **Prescriptions** for more than a [30 - 100] day supply are not eligible for coverage when dispensed by a [network] retail **pharmacy**.

[All **prescriptions** and refills over a 30 day supply must be filled at a **mail order pharmacy**.]

[All **prescription** refills after the [initial fill - fourth refill] at a [network] retail **pharmacy** must be filled at a [network] **mail order pharmacy**.] [If you continue to use a [network] retail **pharmacy** after your [initial fill - fourth refill], your cost sharing will be increased as shown in the *Schedule of Benefits*.]

[Mail Order Pharmacy Benefits]

Outpatient **prescription drugs** are covered when dispensed by a [network] **mail order pharmacy**. Each **prescription** is limited to a maximum [30 - 100] day supply when filled at a [network] **mail order pharmacy**. **Prescriptions** [less than a 30 day supply or] [more than a 100 day supply] are not eligible for coverage when dispensed by a [network] **mail order pharmacy**.

[You are required to obtain **prescriptions** at a [network] **mail order pharmacy** for [all **prescriptions** and all **prescription drug** refills greater than a 30 day supply] [after the [initial fill - fourth refill] at a retail **pharmacy**.]]

[The plan will not cover outpatient **prescription drugs** received through an **out-of-network mail-order pharmacy**.]

[[Injectable, Self-Injectable and Specialty Care] Drug Benefits Network Benefits for [Injectable, Self-Injectable and Specialty Care] Drugs.

[**Injectable, self-injectable and specialty Care**] **drugs** are covered at the network level of benefits only when dispensed through a **network** retail **pharmacy** or Aetna's **specialty pharmacy network**. Refer to Aetna's website, www.aetna.com to review the list of [**self-injectable and specialty care**] **drugs** required to be dispensed through a **network** retail **pharmacy** or Aetna's **specialty pharmacy network**. The list may be updated from time to time.

The initial **prescription** for [**injectable, self-injectable and specialty care**] **drugs** must be filled at a **network** retail **pharmacy** or at Aetna's **specialty pharmacy network**.

You are required to obtain [**injectable, self-injectable and specialty care**] **drugs** at Aetna's **specialty pharmacy network** for all **prescription drug** refills after the [initial fill - fourth refill].

[Out-of-Network Benefits for [Injectable, Self-Injectable and Specialty Care] Drugs.

[**Injectable, Self injectable and specialty care**] **drugs** are covered at the out-of-network level of benefits when obtained from an **out-of-network pharmacy**.]

[Additional Covered Expenses]

The following **prescription drugs**, medications and supplies are also **covered expenses** under this coverage.]

[Off-Label Use

FDA approved **prescription drugs** may be covered when the off-label use of the drug has not been approved by the FDA for that indication. The drug must be recognized for treatment of the indication in one of the standard compendia (the United States Pharmacopoeia Drug Information, or the American Hospital Formulary Service Drug Information) or, the safety and effectiveness of use for this indication has been adequately demonstrated by at least one study published in a nationally recognized peer review journal. [Coverage of off-label use of these drugs may, in **Aetna's** sole discretion, be subject to **precertification, step-therapy** or other **Aetna** requirements or limitations.]

[**Diabetic Supplies.** The following diabetic supplies upon **prescription** by a **physician**:

- Diabetic needles and syringes.
- Test strips for glucose monitoring and/or visual reading.
- Diabetic test agents.
- Lancets/lancing devices.
- Alcohol swabs.]

[**Contraceptives.** The following contraceptives and contraceptive devices:

- Oral Contraceptives.
- Diaphragms. [1, per 365 consecutive day period].
- Injectable contraceptives.
- Contraceptive patches.
- Contraceptive rings.
- Implantable contraceptives and IUDs are covered when obtained from a **physician**. The **physician** will provide insertion and removal of the drugs or device.]

[**Injectable Infertility Drugs.** The following **prescription drugs** used for the purpose of treating **infertility** including, but not limited to:

- Urofollitropin, menotropin, human chorionic gonadotropin and progesterone.]

[**Lifestyle/Performance Drugs.** The following lifestyle/performance drugs:

- Sildenafil Citrate, phentolamine, apomorphine and alprostadil in oral, injectable and topical (including but not limited to gels, creams, ointments and patches) forms or any other form used internally or externally. Expenses include any **prescription drug** in oral or topical form that is similar or identical class, has a similar or identical mode of action or exhibits similar or identical outcomes.

Coverage is limited to [1-15] pills or other form, determined cumulatively among all forms, for unit amounts as determined by **Aetna** to be similar in cost to oral forms, per [30-34] day supply. [Mail order and [60-100] day supplies are not covered].]

[[Self-]injectable Drug(s)]

Prescription drugs that are intended to be [self-]administered by injection to a specific part of the body to treat medical conditions.]

[Semi-Private Room Rate]

The **room and board** charge that an institution applies to the most beds in its semi-private rooms with 2 or more beds. If there are no such rooms, **Aetna** will figure the rate based on the rate most commonly charged by similar institutions in the same geographic area.]

[Service Area]

This is the geographic area, as determined by **Aetna**, in which **network providers** for this plan are located.]

[[Severe] [Serious] [Biologically-Based] [Mental Illnesses]

This means the following [organic-based] **[severe]** **[serious]** **[biologically-based]** **[mental illnesses]** as defined in the most recent edition of the American Psychiatric Association's "Diagnostic and Statistical Manual of **Mental Disorders**":

- Bipolar disorder.
- Major depressive disorder.
- Obsessive-compulsive disorder.
- Panic disorder.
- Paranoia and other psychotic disorders.
- Pervasive developmental disorder (Autism).
- Schizo-affective disorder.
- Schizophrenia.

Treatment is generally provided by; or under the direction of; a **behavioral health provider** such as a **psychiatric physician**; a psychologist; or a psychiatric social worker.]

[Skilled Nursing Facility]

An institution that meets all of the following requirements:

- It is licensed to provide, and does provide, the following on an inpatient basis for persons convalescing from **illness** or **injury**:
 - Professional nursing care by an **R.N.**, or by an **L.P.N.** directed by a full-time **R.N.**; and
 - Physical restoration services to help patients to meet a goal of self-care in daily living activities.
- Provides 24 hour a day nursing care by licensed nurses directed by a full-time **R.N.**
- Is supervised full-time by a **physician** or **R.N.**
- Keeps a complete medical record on each patient.
- Has a utilization review plan.

- Is not mainly a place for rest, for the aged, for drug addicts, for alcoholics, for mental retardates, for custodial or educational care, or for care of **mental disorders** [or] **[severe]** **[serious]** **[biologically-based]** **[mental illnesses]**.
- Charges patients for its services.
- [An institution or a distinct part of an institution that meets all of the following requirements:
 - It is licensed or approved under state or local law.
 - Is primarily engaged in providing skilled nursing care and related services for residents who require medical or nursing care, or rehabilitation services for the rehabilitation of injured, disabled, or sick persons.]
- Qualifies as a **Skilled Nursing Facility** under Medicare or as an institution accredited by:
 - The Joint Commission on Accreditation of Health Care Organizations;
 - The Bureau of **Hospitals** of the American Osteopathic Association; or
 - The Commission on the Accreditation of Rehabilitative Facilities

Skilled Nursing Facilities also include Rehabilitation **Hospitals** (all levels of care, e.g. acute) and portions of a **hospital** designated for skilled or **rehabilitation services**.

Skilled Nursing Facility does not include:

- Institutions which provide only:
 - Minimal care;
 - **Custodial care** services;
 - Ambulatory; or
 - Part-time care services.
- Institutions which primarily provide for the care and treatment of alcoholism, drug abuse, **mental disorders** [or] **[severe]** **[serious]** **[biologically-based]** **[mental illnesses]**.]

[Skilled Nursing Services

Services that meet all of the following requirements:

- The services require medical or paramedical training.
- The services are rendered by an **R.N.** or **L.P.N.** within the scope of his or her license.
- The services are not custodial.]

[Specialist

A **physician** who practices in any generally accepted medical or surgical sub-specialty.]

[Specialist Dentist

Any **dentist** who, by virtue of advanced training is board eligible or certified by a Specialty Board as being qualified to practice in a special field of dentistry.]

[Specialty Care

Health care services or supplies that require the services of a **specialist**.]

[Specialty Care Drugs

Prescription drugs include **injectable**, infusion and oral drugs prescribed to address complex, chronic diseases with associated co-morbidities such as cancer, rheumatoid arthritis, hemophilia, multiple sclerosis which are listed in the [**specialty care drug** [list]].]

[Specialty Pharmacy Network

A network of pharmacies designated to fill [**self**]-**injectable drug prescriptions**] [**specialty care drugs**].]

[Stay

A full-time inpatient confinement for which a **room and board** charge is made.].

[Step Therapy

A form of **precertification** under which certain **prescription drugs** will be excluded from coverage, unless a first-line therapy drug(s) is used first by you. The list of step-therapy drugs is subject to change by **Aetna** or an affiliate. An updated copy of the list of drugs subject to **step therapy** shall be available upon request by you or may be accessed on the **Aetna** website at [www.**Aetna**.com/formulary].]

[Substance Abuse

This is a physical or psychological dependency, or both, on a controlled substance or alcohol agent (These are defined on Axis I in the Diagnostic and Statistical Manual of **Mental Disorders** (DSM) published by the American Psychiatric Association which is current as of the date services are rendered to you or your insured dependents.) This term does not include conditions not attributable to a **mental disorder** that are a focus of attention or treatment (the V codes on Axis I of DSM); an addiction to nicotine products, food or caffeine intoxication.].

[Surgery Center

A freestanding ambulatory surgical facility that meets all of the following requirements:

- Meets facility licensing standards as ambulatory surgical facility.
- Is set up, equipped and run to provide general surgery.
- Charges for its services.
- Is directed by a staff of **physicians**. At least one of them must be on the premises when surgery is performed and during the recovery period.
- Has at least one certified anesthesiologist at the site when surgery requiring general or spinal anesthesia is performed and during the recovery period.
- Extends surgical staff privileges to:
 - **Physicians** who practice surgery in an area **hospital**; and
 - **Dentists** who perform oral surgery.

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[00000]

- Has at least 2 operating rooms and one recovery room.
- Provides, or arranges with a medical facility in the area for, diagnostic X-ray and lab services needed in connection with surgery.
- Does not have a place for patients to **stay** overnight.
- Provides, in the operating and recovery rooms, full-time **skilled nursing services** directed by an **R.N.**
- Is equipped and has trained staff to handle **emergency medical conditions**.

Must have all of the following:

- A **physician** trained in cardiopulmonary resuscitation; and
- A defibrillator; and
- A tracheotomy set; and
- A blood volume expander.
- Has a written agreement with a **hospital** in the area for immediate emergency transfer of patients.
- Written procedures for such a transfer must be displayed and the staff must be aware of them.
- **Physicians** who do not own or direct the facility.
- Keeps a medical record on each patient.]

Aetna Life Insurance Company
[Schedule of Benefits]

Important Note

Refer to *Understanding Your Aetna Prescription Drug Plan* and to *What the Plan Covers* for details about your outpatient **prescription drug** coverage.

- The *Schedule of Benefits* details your cost sharing.
- [You will pay less for **prescriptions** if you:
 - Use **generic prescription drugs** rather than **brand name prescription drugs**;
 - Obtain **prescription drugs** from **pharmacies** that are **network providers** rather than **out-of-network providers**;
 - Use **prescription drugs** that are on the **preferred drug list**;
 - Obtain injectable, **self-injectable**, or **specialty care prescription drugs** from the **specialty pharmacy network** or **pharmacies** that are **network providers**;
 - Use a **mail order pharmacy** that is a **network provider** after your [initial fill, first – fourth refill].
- If the cost of the **prescription drug** is less than the applicable per supply **copay** or **deductible** [you will pay the full cost of the **prescription drug**] [your cost sharing of the **prescription drug** will not be more than 50%].
- If the cost of the **prescription drug** is more than the applicable per supply **copay** or **deductible** your cost sharing of the **prescription drug** will not be more than [99%]. Your cost sharing includes the applicable per supply **copay** or **deductible** and **coinsurance**.
- **Step therapy** and **precertification** by Aetna may be required to obtain certain **prescription drugs**.]

Per Prescription Copay/Deductible		
[Generic and Brand-Name [Prescription] Drugs]	NETWORK	OUT-OF-NETWORK
[For each initial 30 - 36 day supply filled at a retail pharmacy]	<p>[None - \$100 copay per supply after the calendar year deductible]</p> <p>[Copay per supply of 10% - 60% of the negotiated charge after the calendar year deductible]</p> <p>[Copay per supply of [the greater of] \$5 - \$75 or 10% - 60% of the negotiated charge not to exceed \$50 - \$750, after the calendar year deductible]</p>	<p>[None - \$100 deductible per supply after the calendar year deductible]</p> <p>[Deductible per supply of 10% - 60% of the recognized charge after the calendar year deductible]</p> <p>[Deductible per supply of [the greater of] \$5 - \$75 or 10% - 60% of the recognized charge not to exceed \$50 - \$750, after the calendar year deductible]</p>

Aetna Life Insurance Company
[Schedule of Benefits]

[Generic and Brand-Name [Prescription] Drugs]	NETWORK	OUT-OF-NETWORK
[This applies to all refills after the first – fourth refill of a 30-36 day supply filled at a retail pharmacy]	<p>[\$5 - \$300 copay per supply after the calendar year deductible]</p> <p>[Copay per supply of 10% - 75% of the negotiated charge not to exceed \$50 - \$300, after the calendar year deductible]</p> <p>[Copay per supply of 1 -3 times the initial 30 -36 day copay per supply after the calendar year deductible]</p>	<p>[\$5 - \$300 deductible per supply after the calendar year deductible]</p> <p>[Deductible per supply of 10% - 75% of the recognized charge not to exceed \$50 - \$300, after the calendar year deductible]</p> <p>[Deductible per supply of 1 -3 times the initial 30 -36 day deductible per supply after the calendar year deductible]</p>
[For all fills of at least a 30 - 36 day supply and up to a 61 – 101 day supply filled at a mail order pharmacy]	<p>[\$5 - \$300 copay per supply after the calendar year deductible]</p> <p>[Copay per supply of 10% - 60% of the negotiated charge after the calendar year deductible]</p> <p>[Copay per supply of [the greater of] \$5 - \$300 or 10% - 60% of the negotiated charge not to exceed \$50 - \$2,250, after the calendar year deductible]</p> <p>[Copay per supply of 1 - 3 times the initial 30 - 36 day copay per supply after the calendar year deductible]</p>	<p>[\$5 - \$300 deductible per supply after the calendar year deductible]</p> <p>[Deductible per supply of 10% - 60% of the recognized charge after the calendar year deductible]</p> <p>[Deductible per supply of [the greater of] \$5 - \$300 or 10% - 60% of the recognized charge not to exceed \$50 - \$2,250, after the calendar year deductible]</p> <p>[Deductible per supply of 1 - 3 times the initial 30 - 36 day deductible per supply after the calendar year deductible]</p>
[Generic Prescription Drugs]	NETWORK	OUT-OF-NETWORK
[For each initial 30 - 36 day supply filled at a retail pharmacy]	<p>[None - \$75 copay per supply after the calendar year deductible]</p> <p>[Copay per supply of 10% - 60% of the negotiated charge after the calendar year deductible]</p> <p>[Copay per supply of [the greater of] \$5 - \$75 or 10% - 60% of the negotiated charge not to exceed</p>	<p>[None - \$75 deductible per supply after the calendar year deductible]</p> <p>[Deductible per supply of 10% - 60% of the recognized charge after the calendar year deductible]</p> <p>[Deductible per supply of [the greater of] \$5 - \$75 or 10% - 60% of the recognized charge not to</p>

Aetna Life Insurance Company
[Schedule of Benefits]

	\$50 - \$750, after the calendar year deductible]	exceed \$50 - \$750, after the calendar year deductible]
[This applies to all refills after the first – fourth refill of a 30-36 day supply filled at a retail pharmacy]	<p>[\$5 - \$300 copay per supply after the calendar year deductible]</p> <p>[Copay per supply of 10% - 75% of the negotiated charge not to exceed \$50 - \$300, after the calendar year deductible]</p> <p>[Copay per supply of 1 -3 times the initial 30 -36 day copay per supply after the calendar year deductible]</p>	<p>[\$5 - \$300 deductible per supply after the calendar year deductible]</p> <p>[Deductible per supply of 10% - 75% of the recognized charge not to exceed \$50 - \$300, after the calendar year deductible]</p> <p>[Deductible per supply of 1 -3 times the initial 30 -36 day deductible per supply after the calendar year deductible]</p>
[For all fills of at least a 30 - 36 day supply and up to a 61 - 101 day supply filled at a mail order pharmacy]	<p>[\$5 - \$225 copay per supply after the calendar year deductible]</p> <p>[Copay per supply of 10% - 60% of the negotiated charge after the calendar year deductible]</p> <p>[Copay per supply of [the greater of] \$5 - \$225 or 10% - 60% of the negotiated charge not to exceed \$50 - \$2,250, after the calendar year deductible]</p> <p>[Copay per supply of 1 - 3 times the initial 30 - 36 day copay per supply after the calendar year deductible]</p>	<p>[\$5 - \$225 deductible per supply after the calendar year deductible]</p> <p>[Deductible per supply of 10% - 60% of the recognized charge after the calendar year deductible]</p> <p>[Deductible per supply of [the greater of] \$5 - \$225 or 10% - 60% of the recognized charge not to exceed \$50 - \$2,250, after the calendar year deductible]</p> <p>[Deductible per supply of 1 - 3 times the initial 30 - 36 day deductible per supply after the calendar year deductible]</p>
[Brand-Name Prescription Drugs]	NETWORK	OUT-OF-NETWORK
[For each initial 30 - 36 day supply filled at a retail pharmacy]	<p>[None - \$100 copay per supply after the calendar year deductible</p> <p>[Copay per supply of 10% - 60% of the negotiated charge after the calendar year deductible]</p> <p>[Copay per supply of [the greater of] \$5 - \$100 or 10% - 60% of the negotiated charge not to exceed \$50 - \$750, after the calendar year deductible]</p>	<p>[None - \$100 deductible per supply after the calendar year deductible]</p> <p>[Deductible per supply of 10% - 60% of the recognized charge after the calendar year deductible]</p> <p>[Deductible per supply of [the greater of] \$5 - \$100 or 10% - 60% of the recognized charge not to exceed \$50 - \$750, after the calendar year deductible]</p>

Aetna Life Insurance Company
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<p>[This applies to all refills after the first – fourth refill of a 30-36 day supply filled at a retail pharmacy]</p>	<p>[\$5 - \$300 copay per supply after the calendar year deductible]</p> <p>[Copay per supply of 10% - 75% of the negotiated charge not to exceed \$50 - \$300, after the calendar year deductible]</p> <p>[Copay per supply of 1 -3 times the initial 30 -36 day copay per supply after the calendar year deductible]</p>	<p>[\$5 - \$300 deductible per supply after the calendar year deductible]</p> <p>[Deductible per supply of 10% - 75% of the recognized charge not to exceed \$50 - \$300, after the calendar year deductible]</p> <p>[Deductible per supply of 1 -3 times the initial 30 -36 day deductible per supply after the calendar year deductible]</p>
<p>[For all fills of at least a 30 - 36 day supply and up to a 61 - 101 day supply filled at a mail order pharmacy]</p>	<p>[\$5 - \$300 copay per supply after the calendar year deductible]</p> <p>[Copay per supply of 10% - 60% of the negotiated charge, after the calendar year deductible]</p> <p>[Copay per supply of [the greater of] \$5 - \$300 or 10% - 60% of the negotiated charge not to exceed \$50 - \$2,250, after the calendar year deductible]</p> <p>[Copay per supply of 1 -3 times the initial 30 - 36 day copay per supply after the calendar year deductible]</p>	<p>[\$5 - \$300 deductible per supply after the calendar year deductible]</p> <p>[Deductible per supply of 10% - 60% of the recognized charge, after the calendar year deductible]</p> <p>[Deductible per supply of [the greater of] \$5 - \$300 or 10% - 60% of the recognized charge not to exceed \$50 - \$2,250, after the calendar year deductible]</p> <p>[Deductible per supply of 1 - 3 times the initial 30 - 36 day deductible per supply after the calendar year deductible]</p>
<p>[Preferred Generic Prescription Drug]</p>	<p>NETWORK</p>	<p>OUT-OF-NETWORK</p>
<p>[For each initial 30 - 36 day supply filled at a retail pharmacy]</p>	<p>[None - \$75 copay per supply after the calendar year deductible]</p> <p>[Copay per supply of 10% - 60% of the negotiated charge, after the calendar year deductible]</p> <p>[Copay per supply of [the greater of] \$5 - \$75 or 10% - 60% of the negotiated charge not to exceed \$50 - \$750, after the calendar year deductible]</p>	<p>[None - \$75 deductible per supply after the calendar year deductible]</p> <p>[Deductible per supply of 10% - 60% of the recognized charge, after the calendar year deductible]</p> <p>[Deductible per supply of [the greater of] \$5 - \$75 or 10% - 60% of the recognized charge not to exceed \$50 - \$750, after the calendar year deductible]</p>

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<p>[This applies to all refills after the first – fourth refill of a 30-36 day supply filled at a retail pharmacy]</p>	<p>[\$5 - \$300 copay per supply after the calendar year deductible]</p> <p>[Copay per supply of 10% - 75% of the negotiated charge not to exceed \$50 - \$300, after the calendar year deductible]</p> <p>[Copay per supply of 1 -3 times the initial 30 -36 day copay per supply after the calendar year deductible]</p>	<p>[\$5 - \$300 deductible per supply after the calendar year deductible]</p> <p>[Deductible per supply of 10% - 75% of the recognized charge not to exceed \$50 - \$300, after the calendar year deductible]</p> <p>[Deductible per supply of 1 -3 times the initial 30 -36 day deductible per supply after the calendar year deductible]</p>
<p>[For all fills of at least a 30 - 36 day supply and up to a 61 – 101 day supply filled at a mail order pharmacy]</p>	<p>[\$5 - \$225 copay per supply after the calendar year deductible]</p> <p>[Copay per supply of 10% - 60% of the negotiated charge, after the calendar year deductible]</p> <p>[Copay per supply of [the greater of] \$5 - \$225 or 10% - 60% of the negotiated charge not to exceed \$50 - \$2,250, after the calendar year deductible]</p> <p>[Copay per supply of 1 – 3 times the initial 30 - 36 day supply copay per supply after the calendar year deductible]</p>	<p>[\$5 - \$225 deductible per supply after the calendar year deductible]</p> <p>[Deductible per supply of 10% - 60% of the recognized charge, after the calendar year deductible]</p> <p>[Deductible per supply of [the greater of] \$5 - \$225 or 10% - 60% of the recognized charge not to exceed \$50 - \$2,250, after the calendar year deductible]</p> <p>[Deductible per supply of 1 - 3 times the initial 30 - 36 day deductible per supply after the calendar year deductible]</p>
<p>[Preferred Brand-Name Prescription Drug]</p>	<p>NETWORK</p>	<p>OUT-OF-NETWORK</p>
<p>[For each initial 30 - 36 day supply filled at a retail pharmacy]</p>	<p>[None - \$100 copay per supply after the calendar year deductible]</p> <p>[Copay per supply of 10% - 60% of the negotiated charge, after the calendar year deductible]</p> <p>[Copay per supply of [the greater of] \$5 - \$100 or 10% - 60% of the negotiated charge not to exceed \$50 - \$750, after the calendar year deductible]</p>	<p>[None - \$100 deductible per supply after the calendar year deductible]</p> <p>[Deductible per supply of 10% - 60% of the recognized charge, after the calendar year deductible]</p> <p>[Deductible per supply of [the greater of] \$5 - \$100 or 10% - 60% of the recognized charge not to exceed \$50 - \$750, after the calendar year deductible]</p>

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<p>[This applies to all refills after the first – fourth refill of a 30-36 day supply filled at a retail pharmacy]</p>	<p>[\$5 - \$300 copay per supply after the calendar year deductible]</p> <p>[Copay per supply of 10% - 75% of the negotiated charge not to exceed \$50 - \$300, after the calendar year deductible]</p> <p>[Copay per supply of 1 -3 times the initial 30 -36 day copay per supply after the calendar year deductible]</p>	<p>[\$5 - \$300 deductible per supply after the calendar year deductible]</p> <p>[Deductible per supply of 10% - 75% of the recognized charge not to exceed \$50 - \$300, after the calendar year deductible]</p> <p>[Deductible per supply of 1 -3 times the initial 30 -36 day deductible per supply after the calendar year deductible]</p>
<p>[For all fills of at least a 30 - 36 day supply and up to a 61 – 101 day supply filled at a mail order pharmacy]</p>	<p>[\$5 - \$300 copay per supply after the calendar year deductible]</p> <p>[Copay per supply of 10% - 60% of the negotiated charge after the calendar year deductible]</p> <p>[Copay per supply of [the greater of] \$5 - \$300 or 10% - 60% of the negotiated charge not to exceed \$50 - \$2,250, after the calendar year deductible]</p> <p>[Copay per supply of 1 - 3 times the initial 30 - 36 day copay per supply after the calendar year deductible]</p>	<p>[\$5 - \$300 deductible per supply after the calendar year deductible]</p> <p>[Deductible per supply of 10% - 60% of the recognized charge after the calendar year deductible]</p> <p>[Deductible per supply of [the greater of] \$5 - \$300 or 10% - 60% of the recognized charge not to exceed \$50 - \$2,250, after the calendar year deductible]</p> <p>[Deductible per supply of 1 - 3 times the initial 30 - 36 day deductible per supply after the calendar year deductible]</p>
<p>[Non-Preferred Generic and Brand-Name Prescription Drugs]</p>	<p>NETWORK</p>	<p>OUT-OF-NETWORK</p>
<p>[For each initial 30 - 36 day supply filled at a retail pharmacy]</p>	<p>[None - \$100 copay per supply after the calendar year deductible]</p> <p>[Copay per supply of 10% - 60% of the negotiated charge after the calendar year deductible]</p> <p>[Copay per supply of [the greater of] \$5 - \$100 or 10% - 60% of the negotiated charge not to exceed \$50 - \$750, after the calendar year deductible]</p>	<p>[None - \$100 deductible per supply after the calendar year deductible]</p> <p>[Deductible per supply of 10% - 60% of the recognized charge after the calendar year deductible]</p> <p>[Deductible per supply of [the greater of] \$5 - \$100 or 10% - 60% of the recognized charge not to exceed \$50 - \$750, after the calendar year deductible]</p>

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<p>[This applies to all refills after the first – fourth refill of a 30-36 day supply filled at a retail pharmacy]</p>	<p>[\$5 - \$300 copay per supply after the calendar year deductible]</p> <p>[Copay per supply of 10% - 75% of the negotiated charge not to exceed \$50 - \$300, after the calendar year deductible]</p> <p>[Copay per supply of 1 -3 times the initial 30 -36 day copay per supply after the calendar year deductible]</p>	<p>[\$5 - \$300 deductible per supply after the calendar year deductible]</p> <p>[Deductible per supply of 10% - 75% of the recognized charge not to exceed \$50 - \$300, after the calendar year deductible]</p> <p>[Deductible per supply of 1 -3 times the initial 30 -36 day deductible per supply after the calendar year deductible]</p>
<p>[For all fills of at least a 30 - 36 day supply and up to a 61 – 101 day supply filled at a mail order pharmacy]</p>	<p>[\$5 - \$300 copay per supply after the calendar year deductible]</p> <p>[Copay per supply of 10% - 60% of the negotiated charge, after the calendar year deductible]</p> <p>[Copay per supply of [the greater of] \$5 - \$300 or 10% - 60% of the negotiated charge not to exceed \$50 - \$2,250, after the calendar year deductible]</p> <p>[Copay per supply of 1 - 3 times the initial 30 - 36 day copay per supply after the calendar year deductible]</p>	<p>[\$5 - \$300 deductible per supply after the calendar year deductible]</p> <p>[Deductible per supply of 10% - 60% of the recognized charge, after the calendar year deductible]</p> <p>[Deductible per supply of [the greater of] \$5 - \$300 or 10% - 60% of the recognized charge not to exceed \$50 - \$2,250, after the calendar year deductible]</p> <p>[Deductible per supply of 1 - 3 times the initial 30 - 36 day deductible per supply after the calendar year deductible]</p>
<p>[Preferred Brand-Name Prescription Drugs obtained with medical exception]</p>	<p>NETWORK</p>	<p>OUT-OF-NETWORK</p>
<p>[For each initial 30 - 36 day supply filled at a retail pharmacy]</p>	<p>[None - \$100 copay per supply after the calendar year deductible]</p> <p>[Copay per supply of 10% - 60% of the negotiated charge, after the calendar year deductible]</p> <p>[Copay per supply of [the greater of] \$5 - \$100 or 10% - 60% of the negotiated charge not to exceed \$50 - \$750, after the calendar year deductible]</p>	<p>[None - \$100 deductible per supply after the calendar year deductible]</p> <p>[Deductible per supply of 10% - 60% of the recognized charge, after the calendar year deductible]</p> <p>[Deductible per supply of [the greater of] \$5 - \$100 or 10% - 60% of the recognized charge not to exceed \$50 - \$750, after the calendar year deductible]</p>

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<p>[This applies to all refills after the first – fourth refill of a 30-36 day supply filled at a retail pharmacy]</p>	<p>[\$5 - \$300 copay per supply after the calendar year deductible]</p> <p>[Copay per supply of 10% - 75% of the negotiated charge not to exceed \$50 - \$300, after the calendar year deductible]</p> <p>[Copay per supply of 1 -3 times the initial 30 -36 day copay per supply after the calendar year deductible]</p>	<p>[\$5 - \$300 deductible per supply after the calendar year deductible]</p> <p>[Deductible per supply of 10% - 75% of the recognized charge not to exceed \$50 - \$300, after the calendar year deductible]</p> <p>[Deductible per supply of 1 -3 times the initial 30 -36 day deductible per supply after the calendar year deductible]</p>
<p>[For all fills of at least a 30 - 36 day supply and up to a 61 – 101 day supply filled at a mail order pharmacy]</p>	<p>[\$5 - \$300 copay per supply after the calendar year deductible]</p> <p>[Copay per supply of 10% - 60% of the negotiated charge, after the calendar year deductible]</p> <p>[Copay per supply of [the greater of] \$5 - \$300 or 10% - 60% of the negotiated charge not to exceed \$50 - \$2,250, after the calendar year deductible]</p> <p>[Copay per supply of 1 - 3 times the initial 30 - 36 day copay per supply after the calendar year deductible]</p>	<p>[\$5 - \$300 deductible per supply after the calendar year deductible]</p> <p>[Deductible per supply of 10% - 60% of the recognized charge after the calendar year deductible]</p> <p>[Deductible per supply of [the greater of] \$5 - \$300 or 10% - 60% of the recognized charge not to exceed \$50 - \$2,250, after the calendar year deductible]</p> <p>[Deductible per supply of 1 - 3 times the initial 30 - 36 day deductible per supply after the calendar year deductible]</p>
<p>[Non-Preferred Brand-Name Prescription Drugs obtained with medical exception]</p>	<p>NETWORK</p>	<p>OUT-OF-NETWORK</p>
<p>[For each initial 30 - 36 day supply filled at a retail pharmacy]</p>	<p>[None - \$100 copay per supply after the calendar year deductible]</p> <p>[Copay per supply of 10% - 60% of the negotiated charge, after the calendar year deductible]</p> <p>[Copay per supply of [the greater of] \$5 - \$100 or 10% - 60% of the negotiated charge not to exceed \$50 - \$750, after the calendar year</p>	<p>[None - \$100 deductible per supply after the calendar year deductible]</p> <p>[Deductible per supply of 10% - 60% of the recognized charge after the calendar year deductible]</p> <p>[Deductible per supply of [the greater of] \$5 - \$100 or 10% - 60% of the recognized charge not to exceed \$50 - \$750, after the</p>

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	deductible]	calendar year deductible]
[This applies to all refills after the first – fourth refill of a 30-36 day supply filled at a retail pharmacy]	<p>[\$5 - \$300 copay per supply after the calendar year deductible]</p> <p>[Copay per supply of 10% - 75% of the negotiated charge not to exceed \$50 - \$300, after the calendar year deductible]</p> <p>[Copay per supply of 1 -3 times the initial 30 -36 day copay per supply after the calendar year deductible]</p>	<p>[\$5 - \$300 deductible per supply after the calendar year deductible]</p> <p>[Deductible per supply of 10% - 75% of the recognized charge not to exceed \$50 - \$300, after the calendar year deductible]</p> <p>[Deductible per supply of 1 -3 times the initial 30 -36 day deductible per supply after the calendar year deductible]</p>
[For all fills of at least a 30 - 36 day supply and up to a 61 – 101 day supply filled at a mail order pharmacy]	<p>[\$5 - \$300 copay per supply after the calendar year deductible]</p> <p>[Copay per supply of 10% - 60% of the negotiated charge, after the calendar year deductible]</p> <p>[Copay per supply of [the greater of] \$5 - \$300 or 10% - 60% of the negotiated charge not to exceed \$50 - \$2,250, after the calendar year deductible]</p> <p>[Copay per supply of 1 - 3 times the initial 30 - 36 day copay per supply after the calendar year deductible]</p>	<p>[\$5 - \$300 deductible per supply after the calendar year deductible]</p> <p>[Deductible per supply of 10% - 60% of the recognized charge after the calendar year deductible]</p> <p>[Deductible per supply of [the greater of] \$5 - \$300 or 10% - 60% of the recognized charge not to exceed \$50 - \$2,250, after the calendar year deductible]</p> <p>[Deductible per supply of 1 - 3 times the initial 30 - 36 day deductible per supply after the calendar year deductible]</p>
[[Self-]Injectable] [Specialty Care] Prescription Drugs]	NETWORK	OUT-OF-NETWORK
[For each 30 – 36 day supply]	<p>[None - \$300 copay per supply after the calendar year deductible]</p> <p>[Copay per supply after the calendar year deductible of 10% - 50% of the negotiated charge [but not less than \$10 nor more than \$750] after the calendar year deductible]</p> <p>[Copay per supply of [the greater of] \$5 - \$300 or 10% - 50% of the</p>	<p>[None - \$300 deductible per supply after the calendar year deductible]</p> <p>[Deductible per supply of after the calendar year deductible of 10% - 50% of the recognized charge [but not less than \$10 nor more than \$750] after the calendar year deductible]</p> <p>[Deductible per supply of [the greater of] \$5 - \$300 or 10% - 50%</p>

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	negotiated charge not to exceed \$50 - \$750, after the calendar year deductible]	of the recognized charge not to exceed \$50 - \$750, after the calendar year deductible]
[For all fills of at least a 30 - 36 day supply and up to a 61 – 101 day supply]	<p>[\$5 - \$900 copay per supply after the calendar year deductible]</p> <p>[Copay per supply of 10% -50% of the negotiated charge [but not less than \$10 nor more than \$2,250] after the calendar year deductible]</p> <p>[Copay per supply of [the greater of] \$5 - \$900 or 10% - 50% of the negotiated charge not to exceed \$50 - \$2,250, after the calendar year deductible]</p> <p>[Copay per supply of 1 - 3 times the initial 30 - 36 day copay per supply after the calendar year deductible]</p>	<p>[\$5 - \$900 deductible per supply after the calendar year deductible]</p> <p>[Deductible per supply of 10% - 50% of the recognized charge [but not less than \$10 nor more than \$2,250] after the calendar year deductible]</p> <p>[Deductible per supply of [the greater of] \$5 - \$900 or 10% - 50% of the recognized charge not to exceed \$50 - \$2,250, after the calendar year deductible]</p> <p>[Deductible per supply of 1 - 3 times the initial 30 - 36 day deductible per supply after the calendar year deductible]</p>
[Preferred [[Self-]Injectable] [Specialty Care] Prescription Drug]	NETWORK	OUT-OF-NETWORK
[For each 30 - 36 day supply]	<p>[None - \$300 copay per supply after the calendar year deductible]</p> <p>[Copay per supply of 10% - 50% of the negotiated charge [but not less than \$10 nor more than \$750] after the calendar year deductible]</p> <p>[Copay per supply of [the greater of] \$5 - \$300 or 10% - 50% of the negotiated charge not to exceed \$50 - \$750, after the calendar year deductible]</p>	<p>[None - \$300 deductible per supply after the calendar year deductible]</p> <p>[Deductible per supply of 10% - 50% of the recognized charge [but not less than \$10 nor more than \$750] after the calendar year deductible]</p> <p>[Deductible per supply of [the greater of] \$5 - \$300 or 10% - 50% of the recognized charge not to exceed \$50 - \$750, after the calendar year deductible]</p>
[For all fills of at least a 30 - 36 day supply and up to a 61 – 101 day supply]	<p>[\$5 - \$900 copay per supply after the calendar year deductible]</p> <p>[Copay per supply of 10% - 50% of the negotiated charge [but not less than \$10 nor more than</p>	<p>[\$5 - \$900 deductible per supply after the calendar year deductible]</p> <p>[Deductible per supply of 10% - 50% of the recognized charge [but not less than \$10 nor more than</p>

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	<p>\$2,250] after the calendar year deductible]</p> <p>[Copay per supply of [the greater of] \$5 - \$900 or 10% - 50% of the negotiated charge not to exceed \$50 - \$2,250, after the calendar year deductible]</p> <p>[Copay per supply of 1-3 times the initial 30 - 36 day copay per supply after the calendar year deductible]</p>	<p>\$2,250] after the calendar year deductible]</p> <p>[Deductible per supply of [the greater of] \$5 - \$900 or 10% - 50% of the recognized charge not to exceed \$50 - \$2,250, after the calendar year deductible]</p> <p>[Deductible per supply of 1 - 3 times the initial 30 - 36 day deductible per supply after the calendar year deductible]</p>
[Non-Preferred [[Self-]Injectable] [Specialty Care] Prescription Drugs]	NETWORK	OUT-OF-NETWORK
[For each 30 – 36 day supply]	<p>[None - \$300 copay per supply after the calendar year deductible]</p> <p>[Copay per supply of 10% - 50% of the negotiated charge [but not less than \$10 nor more than \$750] after the calendar year deductible]</p> <p>[Copay per supply of [the greater of] \$5 - \$300 or 10% - 50% of the negotiated charge not to exceed \$50 - \$750, after the calendar year deductible]</p>	<p>[None - \$300 deductible per supply after the calendar year deductible]</p> <p>[Deductible per supply of 10% - 50% of the recognized charge [but not less than \$10 nor more than \$750] after the calendar year deductible]</p> <p>[Deductible per supply of [the greater of] \$5 - \$300 or 10% - 50% of the recognized charge not to exceed \$50 - \$750, after the calendar year deductible]</p>
[For all fills of at least a 30 - 36 day supply and up to a 61 – 101 day supply]	<p>[\$5 - \$900 copay per supply after the calendar year deductible]</p> <p>[Copay per supply of 10% - 50% of the negotiated charge [but not less than \$10 nor more than \$2,250] after the calendar year deductible]</p> <p>[Copay per supply of [the greater of] \$5 - \$900 or 10% - 50% of the negotiated charge not to exceed \$50 - \$2,250, after the calendar year deductible]</p> <p>[Copay per supply of 1 - 3 times</p>	<p>[\$5 - \$900 deductible per supply after the calendar year deductible]</p> <p>[Deductible per supply of 10% - 50% of the recognized charge [but not less than \$10 nor more than \$2,250] after the calendar year deductible]</p> <p>[Deductible per supply of [the greater of] \$5 - \$900 or 10% - 50% of the recognized charge not to exceed \$50 - \$2,250, after the calendar year deductible]</p> <p>[Deductible per supply of 1- 3</p>

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	the initial 30 - 36 day copay per supply after the calendar year deductible]	times the initial 30 - 36 day deductible per supply after the calendar year deductible]
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[If you or your **prescriber** request a covered **brand-name prescription drug** when a covered **generic prescription drug** equivalent is available, you will be responsible for the cost difference between the **generic prescription drug** and the **brand-name prescription drug**, plus the increased cost sharing applicable to **brand name-prescription drugs.**]

[If a **prescriber** prescribes a covered **brand-name prescription drug** where a **generic prescription drug** equivalent is available and specifies "Dispense As Written" (DAW), you will pay the cost sharing for the **brand-name prescription drug**. If you request a covered **brand-name prescription drug** where a **generic prescription drug** equivalent is available you will be responsible for the cost difference between the **brand-name prescription drug** and the **generic prescription drug** equivalent, plus the increased cost sharing applicable to **brand-name prescription drugs.**]

<i>SERFF Tracking Number:</i>	<i>AENX-126183955</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Aetna Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>42634</i>
<i>Company Tracking Number:</i>	<i>GH AR0193301F01</i>		
<i>TOI:</i>	<i>H17G Group Health - Prescription Drug</i>	<i>Sub-TOI:</i>	<i>H17G.000 Health - Prescription Drug</i>
<i>Product Name:</i>	<i>2009 Pharmacy</i>		
<i>Project Name/Number:</i>	<i>2009 Pharmacy/GH AR0193301F01</i>		

Rate Information

Rate data does NOT apply to filing.

<i>SERFF Tracking Number:</i>	<i>AENX-126183955</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Aetna Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>42634</i>
<i>Company Tracking Number:</i>	<i>GH AR0193301F01</i>		
<i>TOI:</i>	<i>H17G Group Health - Prescription Drug</i>	<i>Sub-TOI:</i>	<i>H17G.000 Health - Prescription Drug</i>
<i>Product Name:</i>	<i>2009 Pharmacy</i>		
<i>Project Name/Number:</i>	<i>2009 Pharmacy/GH AR0193301F01</i>		

Supporting Document Schedules

		Review Status:	
Bypassed -Name:	Flesch Certification	Approved-Closed	06/16/2009
Bypass Reason:	Forms include schedules and glossary. In addition benefit form included as part of complete certificate exceed the minimum reading ease score,		
Comments:			

		Review Status:	
Bypassed -Name:	Application	Approved-Closed	06/16/2009
Bypass Reason:	not applicable		
Comments:			

		Review Status:	
Satisfied -Name:	Cover Letter	Approved-Closed	06/16/2009
Comments:	Cover letter		
Attachment:	Cover Letter.PDF		

		Review Status:	
Satisfied -Name:	EOV GR-9N 13-000 01, EOV GR-9N 13-005 04, EOV GR-9N 34-000 02, EOV GR-9N 34-095 03, EOV GR-9N S-26-000 02, EOV GR-9N 26-010 04	Approved-Closed	06/16/2009
Comments:	EOV		
Attachments:	EOV GR-9N 13-000 01.PDF EOV GR-9N 13-005 04.PDF EOV GR-9N 34-000 02.PDF EOV GR-9N 34-095 03.PDF EOV GR-9N S-26-000 02.PDF EOV GR-9N 26-010 04.PDF		

June 9, 2009

Insurance Commissioner Jay Bradford
Compliance - Life and Health
Arkansas Department of Insurance
1200 West Third Street
Little Rock, AR 72201-1904

RE: Form Filing - 2009 PHA- 2009 Pharmacy Product Update Filing (ALIC)
Group Health
Company Filing#: GH AR0193301F01
Aetna Life Insurance Company NAIC#: 001-60054 FEIN#: 06-6033492
Lead Form No.: GR-9N 13-005 04 et al

Dear Commissioner Bradford:

We wish to submit the following Form filing for Group, Group Health for use in Arkansas.

This filing has been submitted to or is exempt from filing in our domiciliary state of Connecticut.

Policy Form(s) and Endorsement(s) Submitted:

Form Title: Your Prescription Drug Plan
Lead Form No.: GR-9N 13-005 04
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Form Title: Glossary Letter S
Form No.: GR-9N 34-095 03
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Form Title: Per Prescription Copay/Deductible
Form No.: GR-9N S-26-010 04
Edition Date:
Form Type: Schedule

We trust with the enclosed information, you will be able to review our filing and grant an approval. If you have any questions, please contact the undersigned. Thank you in advance for your help and attention to this matter.

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Aetna Life Insurance Company
Your Prescription Drug Plan Insurance
Explanation of Variability
GR-9N
13-000
01

General Comments

These general comments apply to all of the enclosed forms. If no other variables are specified, only these general comments apply.

This section will be included if a policyholder's plan includes outpatient Prescription Drug Coverage.

Connective words and phrases which serve the grammatical purpose of meaningful continuity and do not affect the description of the payment of benefits or other terms or conditions of coverage may vary as sense may demand. Such connective wording will not be ambiguous or deceptive.

The section references may be changed to reflect the correct section references or add additional section references as appropriate to the policyholder's plan.

References to "network" and "out-of-network" may be changed to "preferred", "participating", "non-preferred", and "non-participating".

References to "formulary exclusion list", "precertification", "step-therapy" and "brand-name prescription drugs" will be included as applicable to the plan elected by the policyholder.

References to "preferred", "non-preferred" may be changed to "formulary", "non-formulary". The term "preferred drug list" may be changed to "formulary". The word "list" may be changed to "guide".

The terms "generic prescription drug" and "brand name prescription drug" may be changed to remove the term "prescription".

The word "network" may be omitted if the policyholder elects to cover both a network and out-of-network prescription drug plan.

Prescription drug coverage can apply on calendar year, plan year, contract term, contract year, benefit year, or 365 consecutive day basis as elected by the policyholder.

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What the Plan Covers

Your Prescription Drug Plan Expense Insurance Coverage

The title may be changed to reflect the policyholder's plan design.

Outpatient Prescription Drug Benefit

1. The second paragraph will be included for a policyholder's plan that covers only generic prescription drugs. The phrase starting with "unless no generic prescription drug is available..." will be included if the option for a medical exception is included in a policyholder's plan.
2. The third paragraph will be included when a policyholder's plan includes a preferred drug list.
3. The fourth paragraph will be included when the plan allows substitution of a generic prescription drug for a brand-name drug. The second sentence will be included for plans with different brand-name and generic drug cost sharing.
4. In the fifth paragraph, the first sentence will be included when the plan requires any combination of precertification, step-therapy or other requirements or limitations.
5. The sixth paragraph will be included with a closed formulary plan which requires a medical exception to obtain a drug on the formulary exclusion list.

Retail Pharmacy Benefits

6. In the first paragraph the term network will be included when the plan covers prescriptions dispensed by network pharmacies only. The day supply limit will vary within the range shown. The third sentence will be included when a policyholder's plans requires a prescription over the specified day supply limit to be filled by a mail order pharmacy.
7. The second paragraph will be included when a policyholder's plan requires all refills over a certain number of refills to be filled at a mail order pharmacy. The refill number may vary within the range shown.
8. The fourth paragraph will be included when the plan requires a higher cost sharing for refills at a retail pharmacy after a certain number of fills/refills. The refill number may vary within the range shown.

Mail Order Pharmacy Benefits

9. This section will be included when a mail order plan is purchased by the policyholder.

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10. In the first paragraph the term network will be included when the plan covers prescriptions dispensed by network mail order pharmacies only. The phrase “less than a 30 day supply or” may or may not be included depending on the policyholder’s plan design.
- The phrase “more than a 100 day supply” will be included when a policyholder’s plan requires more than a specified day supply to be obtained at a mail order pharmacy.
 - The mail order day supply amount will vary between the ranges shown as determined by the policyholder’s plan design.
11. The second paragraph will be included if the plan requires all prescriptions and/or refills to be filled at a mail order pharmacy.
- The phrase “after the [initial fill – fourth refill] at a retail pharmacy” will be included when the plan requires refills at the mail order pharmacy. The number of refills will vary within the range shown.
12. The third paragraph will be included when a policyholder’s plan does not cover prescription drugs received through an out-of-network mail order pharmacy.

Injectable, Self Injectable and Specialty Care Drug Benefits

This section will be included when a managed injectable, self-injectable and specialty care drug benefit is elected by the policyholder.

Any or all of these terms “Injectable”, “Self-injectable”, “Specialty Care” will be included depending on the plan selected by the policyholder.

Network Benefits for Injectable, Self Injectable and Specialty Care Drugs

This section will be included when a policyholder’s plan design requires use of a specialty pharmacy network for injectable, self-injectable and specialty care drugs.

- In the third paragraph the number of fills or refills will vary within the range shown.

Out-of-Network Benefits for Injectable, Self Injectable and Specialty Care Drugs

This section will be included when out-of-network coverage for these drugs is elected by the policyholder.

Additional Covered Expenses

This section will be included when any combination of additional covered expenses are included in a policyholder’s plan.

Off-Label Use

The sentence starting with “Coverage of off-label use of these drugs, in Aetna’s sole discretion...” may be included when precertification or step-therapy is part of the plan.

Diabetic Supplies

Any item on the list of covered supplies may or may not be included.

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Contraceptives

Any item on the list may or may not be included. In the bracketed phrase in the second bulleted item, “1 per 365 consecutive day period”, the timeframe may be changed to “calendar year”, “plan year” or other similar term.

Injectable Infertility Drugs

Any of the drugs listed may or may not be included. Additional infertility drugs may be added to the list.

Lifestyle/Performance Drugs

The pill and day supply limit will vary within the range shown.

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General Notes that apply to this section

- A particular definition will appear in this Glossary for the Booklet-Certificate only when that term is applicable to the plan of benefits purchased by the policyholder. Therefore, any definition may be included.
- All bracketed phrases, terms, may be omitted as applicable to a particular policyholder's plan.
- If a term is approved with multiple options, for example (e.g. "formulary" changed to "preferred drug list"), then that defined term will be integrated under the appropriate alphabetical listing within this glossary. For the example given, it would mean that the drug guide definition would move from "F" to "P" within the issued documents
- Reference to "Booklet-Certificate" may be changed to "Certificate" or "Certificate of Coverage".
- Reference to "dependents" will be omitted if the plan does not include such coverage.
- Reference to "calendar year" or "policy year" are interchangeable, or may be changed to "plan year", "contract year", "policy term", "contract term", "365 consecutive day period" or "12 consecutive month period".
- Reference to "illness" may be changed to "disease".
- Reference to "employee" may be changed to "subscriber", "enrollee", "member", "you".
- References to "Schedule of Benefits" may be changed to "Summary of Benefits", "Schedule of Coverage" or "Summary of Coverage".
- Reference to "policyholder" and/or "employer" may be changed to "association", "plan sponsor", "contract holder", or "participating employer", "member group".
- Reference to "network" may be changed to "in-network", "participating" or "preferred" or it may be omitted if the plan does not have a network.
- Reference to "out-of-network" may be changed to "non-participating", "non-preferred" or "non-network" or it may be omitted if the plan is not a network based plan.
- Reference to "medical" may be changed to "health".

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Glossary Letter 'S'

General

The defined terms on this form will be included as appropriate for a policyholder's plan of benefits.

1. In the definition of self injectables, the word "self" may be omitted.
2. In the definition of serious mental illness the word "serious" may be changed to "organic-based" "severe", "serious", or "biologically-based". The term "mental illness" may be changed to "mental disorder".
3. In the definition of skilled nursing facility, this may be changed to "convalescent facility". The eighth bulleted item in this definition may or may not be included.
4. In the definition of step therapy, "www.Aetna.com/formulary" is the current site name of Aetna's online preferred drug guide. This will be revised to reflect the appropriate site name if it changes.

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General Comments

These general comments apply to all of the enclosed forms. If no other variables are specified, only these general comments apply.

This section will be included if a policyholder's plan includes outpatient Prescription Drug Coverage.

The benefits shown will correspond to the particular coverage provided by the policyholder's plan of insurance, and will vary, depending on plan design within the variability shown. Variability is required so that only the appropriate information for the plan elected by the policyholder will be shown.

Connective words and phrases which serve the grammatical purpose of meaningful continuity and do not affect the description of the payment of benefits or other terms or conditions of coverage may vary as sense may demand. Such connective wording will not be ambiguous or deceptive.

The term "schedule of benefits" may be changed to "schedule of coverage", "summary of benefits", "summary of coverage" or words of similar meaning.

Prescription drug coverage can apply on calendar year, plan year, contract term, contract year, benefit year, or 365 consecutive day basis as elected by the policyholder.

References to copayments, deductibles and coinsurance will be included when a policyholder's coverage includes these cost sharing features.

Annual Deductibles may be individual only or individual and family. The annual deductible may be waived for certain prescription drug expenses, as elected by the policyholder.

Copayment and Deductible amounts will vary within the ranges shown in accordance with the policyholder's plan

Coinsurance amounts will vary within the ranges shown in accordance with the policyholder's plan.

Frequency and Supply amounts will vary within the ranges shown in accordance with the policyholder's plan.

Out-of-Pocket limit amounts will vary within the ranges shown in accordance with the policyholder's plan.

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References to “out-of-pocket” (individual and family) may be changed to “maximum out-of-pocket limit”, “payment limit” or “coinsurance limit”, depending on the policyholder plan.

The term “prescription” may be removed from the terms “generic prescription drug” and “brand name prescription drug”.

References to “network” and “out-of-network” may be changed to “preferred”, “participating”, “non-preferred”, and “non-participating”.

References to “recognized charge” may be changed to “recognized amount”.

Maximum benefits will be included when part of a policyholder’s plan. When included, they will vary within the ranges shown.

References to “dependents” will be included when dependents are covered under the policyholder’s plan.

Any reference to a period of time may be changed to a longer or shorter period. Any such change will only be made if the change is a liberalization from the covered person’s perspective.

The fields in the upper right “header” are variable and illustrative. When used they will be completed to reflect the name of the policyholder, the group policy number and the coverage effective date.

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Important Note

The structure of the policyholder's plan of benefits will determine which of the items in the "Important Note" section will appear. Under the third bulleted items, either of the two bracketed statements will appear but not both. Under the fourth bulleted item, the covered person's percentage share of the cost will not be greater than what is shown. If the covered person's percentage share of the cost for any outpatient prescription drug will not be more than 50%, this will appear as separate bulleted statement, and the existing third and fourth bullets will not be included.

This form will be included when a policyholder's plan has per supply copay and per supply deductibles. It will not be used in combination with coinsurance.

Copayment/Deductible Amounts

- Copay and deductible amounts will vary within the ranges shown in accordance with the policyholder's plan.
 - Frequency and Supply amounts will vary within the ranges shown in accordance with a policyholder's plan.
1. The copay and deductible chart, or bracketed elements thereof, are subject to inclusion or change in accordance with the policyholder's plan and the General Comments discussed on the Explanation of Variability, S-26-000. The copay and deductibles may be for any combination of the drug categories.
 - The copay and deductibles may be expanded to each kit for drugs dispensed as packaged kits or for each 100 unit doses.
 2. The first full paragraph after the benefit table on page 13 will be included if the policyholder elects the mandatory generic option.
 3. The second full paragraph after the benefit table on page 13 will be included if the policyholder elects the "dispense as written" option.